ArcPad 7 Course Registration Application

A completed registration application for is required from each student. Incomplete registration forms will delay your class reservations. We request that you mail or fax this form to us at least two weeks prior to the date your class begins, if at all possible. Before doing so, contact the Course Registrar (704-638-5246 or katclif@salisburync.gov) for course availability. Registrations are processed on a first-come, first served basis. Please read and sign below.

STUDENT NAME AND ORGANIZATION INFORMATION

Student Name	Organization and Department		
Organization Street Addres	s City	Sta	ate Zip
	()		
Phone Number	Fax Nun	nber	
BILLING INFORMA	ATION (Department/person p	paying for class.)	
		()
Organization	Phone	Fa	X
Department	Contact	Person	
Address	City	State	Zip
COURSE INFORMA			4.50.5. 00
	August 21-22, 2006		
Name of Class	Dates (circle two-day perio	od) Location	Amount per student
PAYMENT INFORM	IATION		
	yment in order to complete y	our registration. 1	Prepayment is
required and may be made by check (payable to City of Salisbury) or credit card. Please			
_	ent and registration form to or	-	r credit cara. I rease
	ludes a \$100 nonrefundable		ee ner class
The tuition amount me	rudes a \$100 nom crunuable	data processing r	ce per class.
Check Number:	Credit Card Number	·	_ Exp. Date:
Credit Card Type:	(VISA, MC)		
I understand a	and agree to the terms and c	onditions of this	application.
Signati	ure (required) – Unsigned application	ons will not be proces	ssed

Fax this form to City of Salisbury at (704) 638-8522 or email this form to Kathryn Clifton at <u>katclif@salisburync.gov</u> and then mail form with payment to City of Salisbury GIS Division at 217 South Main Street, Salisbury, NC 28144.